## FORT RILEY ON-POST SCHOOL REQUEST

**This portion is to be filled out by the Battalion/BCT Schools NCO or Civilian Training Coordinator.**
Review the On-Post School Catalog for Information (Print/Type clearly)

Battalion: _____ School NCO Name: _____
Phone #: _____ FAX Number: _____
……………………………………………………………………………………………………
Course Title: _____
Report Time: _____
Class Dates: _____
Location/Building Number: _____
Phone Number to the School/PCO: _____
What training cycle is the unit in during the class dates? _____
RED: _____ GREEN: _____ DUTY:_____ MAJOR EXERCISE: _____
_____
**To be filled out by the Soldier or Civilian Employee (Print or type clearly)**
Last Name: _____ First Name: _____ MI:_____
SSN: _____
PAY GRADE: _____
PMOS: _____
DUTY POSITION TITLE: _____
ASSIGNED
UNIT/ACTIVITY: _____
SECURITY CLEARANCE: _____
How many months have you been assigned to Fort Riley: _____ ETS: _____
Have you been notified of a LEVY Assignment? _____
**You must cancel your space if you are not attending!**
_____
**APPROVAL SECTION:**
Company Commander/Civilian Supervisor Approval: _____
BN S3 or Civilian Training Coordinator Approval: _____
BCT S3 Training Approval: _____

_____
## TO BE FILLED OUT BY THE SCHOOL/STAFF APPROVING AUTHORITY.
DATE OF THIS ACTION: _____ POC: _____ PHONE#:_____
School Approval: YES ---STAND-BY----DISAPPROVED REASON: _____
REMARKS: _____
Fax/e-mail a copy of this form back to the POC as listed above.
A class roster will be e-mailed to the 1st BCT/3rd BCT/937th ENG GP/USAG 24th ID/

**This Request is not to be used for the Commander/1SG Course due to Spouse Information Requirements.**


**FR FORM 900-E**        This form supersedes FR Form 900-E dated 2 Sep 02,
**1 APR 04**